

FEC  
FORM 1STATEMENT OF  
ORGANIZATIONRECEIVED.  
SECRETARY OF THE SENATE

12 APR 26 PM 4:30

Office Use Only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

Friends of Chris Murphy

ADDRESS (number and street)

PO Box 127

☐(Check if address  
is changed)

Cheshire

CT

06410

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address  
is changed)

campaign@chrismurphy.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

http://www.chrismurphy.com

2. DATE

04

24

2012

3. FEC IDENTIFICATION NUMBER

C

C00492645

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Asst. Janica Kyriacopoulos

Signature of Treasurer

Asst. Janica Kyriacopoulos

*Janica Kyriacopoulos*

Date

04

24

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 02/2009)

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